

APPLICATION FOR LICENSING BASED ON RECOGNITION OF PRIOR TRAINING AND EXPERIENCE

INSTRUCTIONS <small>THIS FORM CAN BE FILLED OUT AND PRINTED ONLINE (use the "TAB" key to navigate through the form), USE A TYPEWRITER, OR PRINT LEGIBLY A DUPLICATION OF THIS APPLICATION OR AN APPLICATION WITH CORRECTED ENTRIES WILL NOT BE ACCEPTED APPLICATION MUST BE APPROVED BY THE COMMISSION NO LATER THAN 2 WEEKS PRIOR TO START OF THE PROGRAM OR TEST</small>				
1. NAME: LAST FIRST MIDDLE		2. SOCIAL SECURITY NO.*	3. SEX <input type="checkbox"/> M <input type="checkbox"/> F	4. BIRTHDATE
5. CANDIDATE'S HOME ADDRESS NO. STREET CITY STATE ZIP				HOME PHONE
6. RELATIVE OR FRIEND TO NOTIFY IN CASE OF EMERGENCY		RELATIONSHIP		PHONE
7. NAME OF TRAINING ACADEMY ATTENDED		DATES OF ACADEMY FROM: TO:		
NO. OF HOURS OF ACADEMY TRAINING		8. DATE OF STATE RECOGNIZED LICENSURE		STATE
9. NAME OF LAST/CURRENT EMPLOYING LAW ENFORCEMENT AGENCY		DATES OF EMPLOYMENT FROM: TO:	EMPLOYED AS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
10. NAME OF PREVIOUS EMPLOYING LAW ENFORCEMENT AGENCY		DATES OF EMPLOYMENT FROM: TO:	EMPLOYED AS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
11. NAME OF PREVIOUS EMPLOYING LAW ENFORCEMENT AGENCY		DATES OF EMPLOYMENT FROM: TO:	EMPLOYED AS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
12. NAME OF PREVIOUS EMPLOYING LAW ENFORCEMENT AGENCY		DATES OF EMPLOYMENT FROM: TO:	EMPLOYED AS: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
13. TOTAL MONTHS EMPLOYED AS POLICE OFFICER				
14. HAVE YOU EVER APPLIED FOR/TAKEN THE MICHIGAN RECOGNITION OF PRIOR TRAINING AND EXPERIENCE EXAMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
15. I HAVE READ THE MINIMUM SELECTION & EMPLOYMENT STANDARDS (SEE LINK) & I BELIEVE THAT I CAN MEET THE REQUIREMENTS. <input type="checkbox"/> YES <input type="checkbox"/> NO				
16. ARE YOU CURRENTLY UNDER A CRIMINAL INVESTIGATION/CHARGES/INDICTMENT? IF SO, PLEASE ATTACH DETAILED INFORMATION. <input type="checkbox"/> YES <input type="checkbox"/> NO				
17. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY CRIME PUNISHABLE BY MORE THAN ONE YEAR IN PRISON? <input type="checkbox"/> YES <input type="checkbox"/> NO				
18. HAVE YOU ENCLOSED THE FOLLOWING?		<div style="display: flex; justify-content: space-between;"> MCOLES USE ONLY DATE REC'D </div>		
A. COMPLETED APPLICATION (2 PAGES) <input type="checkbox"/> YES B. COMPLETED FBI FINGERPRINT CARD <input type="checkbox"/> YES C. VERIFICATION OF BASIC TRAINING AND LICENSURE FROM STATE STANDARD-SETTING AGENCY (OUT-OF-STATE APPLICANTS ONLY) <input type="checkbox"/> YES D. ORIGINAL EMPLOYMENT LETTERS FROM ALL LAW ENFORCEMENT AGENCIES THAT YOU WORKED AT. THE LETTER/S MUST STATE YOUR STANDING AT THE TIME OF YOUR SEPARATION OR CURRENT STATUS. (SEE SAMPLE EMPLOYMENT LETTER) <input type="checkbox"/> YES		A. COMPLETED APPLICATION _____ B. COMPLETED FINGERPRINT CARD _____ C. POST INFORMATION _____ D. EMPLOYMENT LETTERS _____ E. MCOLES LICENSE NUMBER _____ CHECKED IN MITN _____ APPROVED _____ DENIED _____		

* THIS INFORMATION IS CONFIDENTIAL.
DISCLOSURE OF CONFIDENTIAL INFORMATION
IS PROTECTED BY THE FEDERAL PRIVACY ACT.

AUTHORITY: 1965 PA203
COMPLIANCE: Required
PENALTY: No enrollment/licensure

Michigan Commission on Law Enforcement Standards Recognition of Prior Training and Experience

Applicant Information Sheet and Authorization For Release of Information

Type or print only:

Name: Last:	First:	Middle:	Suffix (Jr, Sr, III):
Social Security No.*:	Date of Birth:	Gender [‡] :	Race [‡] :
Residence Address (Street, City, State, Zip):		Phone No.:	Highest Degree:
Drivers License No.:	Issuing State:	E-Mail:	

Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish the Michigan Commission on Law Enforcement Standards, its representatives and/or agents (including, but not limited to, its academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes mental/emotional, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A Photostatic copy of this Authorization shall have the same force as the original.

Signature:	Today's Date:
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AUTHORITY:	203 PA 1965
COMPLIANCE:	Voluntary
PENALTY:	No License Activation/ Test Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act.

[‡] This information is for the purposes of EEO reporting only.
